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Governor

"Reentry Begins with You"

2019 Reentry Skills HANDBOOK

**Georgia
Department of Corrections**

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“Reentry Begins When Offenders Enter Our System”

INTRODUCTION

Remember that planning for your release needs to start immediately, not just a week before you are scheduled to leave. Reentry starts on your first day of incarceration and everything you do during your incarceration should be focused on increasing your knowledge and abilities for your pending release. As you begin, you first need to take an inventory of issues you may face when you return to the community.

The areas listed below can interfere with your success in establishing a stable life once you are released. Use the checklist below to help determine which areas may be a current or potential problem for you. When you have completed this exercise, look at these identified areas and start developing a plan to address them. This will help you decide what steps to take to assist in your transition to life on the outside. Dealing with these issues now, before release, may also help make them less overwhelming.

This book, and the work you do to complete the different areas, is to help you identify what you need will be for your successful reentry into your community. You are encouraged to use the “Reentry Resource Manual” and other sources as you complete the various exercises and worksheets. Once completed, this handbook will be an important tool, a personal resource even, on your journey toward a successful reentry and reconnection with your community, your family and yourself.

Mission Statement

The Georgia Department of Corrections protects the public by operating secure and safe facilities while reducing recidivism through effective programming, education and health care.

Chapter 1 - Getting Organized/Barriers

Use this checklist to assist in planning your **PERSONAL** reentry plan by recognizing some of your barriers. What do you need to work on during your incarceration period?

Item	Yes	No
Social Security Card		
Birth Certificate		
Driver's License/ State Identification Card		
Credit Report		
Registration/Status of Information exemption for Selective Service		
Résumé		
Housing		
Medical Care		
Support Groups		
Child Support Issues/Problem Solving Court		
Transportation		
Education/ Certifications		
Veteran's Assistance/DD214		
Employment		
Legal Assistance		
Telephone		
Other		

What are some barriers you will need to overcome as part of your reentry success?

What are some solutions to those barriers. Remember that solutions must be **REALISTIC** and **ATTAINABLE** to be successful. For example: lack of money may be a real barrier but winning the lottery would not be a very realistic solution!

Chapter 2 – Identification

Having approved identification is a critical tool for successful reentry

Which documents will you have upon your release and/or how will you get them?

_____ Birth Certificate (certified)	_____
_____ Social Security Card	_____
_____ DL/State ID	_____

To obtain a Georgia Driver's License or State ID you MUST have the following documents:

- Birth Certificate
- Social Security Card
- Dept. of Corrections Residency Verification Form (DS-752)

OR

- TWO (2) forms of proof of residency such as: utility bills (power, water, gas, etc.), personal mail, rental/lease agreement.

Chapter 3 – Housing

Where do you plan to live when you get released from prison? Do you have a residence plan?

Have a back-up, then have another back-up residence plan! Whether you are getting out on parole, with probation or maxing out, the area where you plan to reside will greatly influence where and how you access the services you need. While you may initially plan to live with a family member and then eventually get your own place, chances are you will continue to be in the same general area and use many of the services you will identify in this workbook.

When looking for housing, keep in mind where it is located relative to your work, what transportation is available, and what stores are in the area. Make sure you have asked the person you plan to live with if it is okay for you to live there. No one wants to be blindsided or put on the spot by a Community Supervision Officer checking out a possible parole residence for a person without having had any prior knowledge.

PRIMARY RESIDENCE PLAN:

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

SECONDARY RESIDENCE PLAN:

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

3rd ALTERNATE RESIDENCE PLAN

Living with (Name/Relationship): _____

Address (physical/mailling): _____

Contact Number(s): _____

Notes: _____

Chapter 4 – Employment

Information in this section will help you when filling out employment applications, putting together a résumé, interviewing, and keeping a job.

JOB OBJECTIVE WORKSHEET

The questions below can help you determine what your **resume objective statement** should look like, what type of employment you are seeking, what you can offer the employer, where you want to go with your career, etc.

List courses you have taken since incarceration.

Which subjects do you enjoy and do well in?

What qualifications and/or skills do you possess?

List work and/or details you have had while incarcerated.

Based on the information provided above, what are some job choices in your area of interest?
Next, list possible job types available in your area.

- Option 1:
- Option 2:
- Option 3:
- Option 4:
- Option 5:

What did your Interest Profiler indicate as your TOP 3 categories?

- 1.
- 2.
- 3.

JOB SEARCH PLAN

To succeed in your job search, you must be organized. You will be competing with others and your goal is to present yourself as the best candidate for the job.

Where will you go to find employment assistance?

Friends & Family

Local Newspaper:

GA Department of Labor:

Community Reentry Service

Goodwill Resource Ctr.

Other Community Resources:

EMPLOYMENT/JOB PLACEMENT RECORD – Tracking Log

1. Make a list of who you plan to call (use table below).
2. Find all the phone numbers and write them in the table.
3. Call and get the name of the person in charge of hiring. Keep calling until you get it.
4. Call the person in charge of hiring. Are they hiring now? Keep calling until you find out.
5. If they are hiring, schedule an appointment with them. Keep calling until you get one.
6. Show up on time, do the interview and application, and agree on next steps before you leave.
7. Call back and thank them for the interview and opportunity. Keep calling until you reach them.
8. Call back and find out if you got the job. Keep calling until you find out.

Company & Phone	Name of person hiring, are they hiring now?	Date & time of appointment	Interview and application done?	Thank You Note completed & sent?	Got an answer on the job?

Resume Writing Worksheet

The following worksheet was compiled from multiple online sources and will help you complete your resume. Think about the following areas and make notes for each section. This will help you develop a professional resume with relevant and necessary content. If a category does not have enough space, please use additional paper.

HEADING – Personal & Contact Info

You may use an alternative address to indicate where an employer may contact you.

Name _____

Address _____

Phone# _____

Email _____

(Make sure your email address is one that you check daily and is appropriately named.)

Objective

What type of position are you seeking? Include an objective if you have a clear direction or goal.

Education

List all schools you have attended. Do not abbreviate.

Grade/High School: _____ City/State _____

Highest Grade Completed: _____

GED: _____ City/State _____
College: _____ City/State: _____
Major/Degree: _____ Years Attended: _____
Vocational/Trade School: _____ City, State _____
Major/Degree: _____ Years Attended: _____
Honors/Awards: _____

Research, Class Projects, Special Studies

Note research or class projects which are related to your field of interest if appropriate.

Certifications & Licenses

Examples might include CPR/First Aid, Microsoft, Teaching, etc.

Name of Certificate/License _____ Date Rec'd/Expires _____

Organization granting Certification/Licensure _____

Experience – Work, Internships and/or Related

List your experience, with the most recent information first (no more than 15 years of work history). When noting your responsibilities use action verbs to describe your skills and activities.

Position/Title (1) _____

Dates _____ to _____

Employer/Company _____

City, State _____

Responsibilities & Accomplishments _____

Position/Title (2) _____

Dates _____ to _____

Employer/Company _____

City, State _____

Responsibilities & Accomplishments _____

Position/Title (3) _____

Dates _____ to _____

Employer/Company _____

City, State _____

Responsibilities & Accomplishments _____

Military Service

Include Branch, Rank, Dates, Jobs, and Duties.

Honors & Awards

Include name of honor/award, date received & name of organization giving award.

Skills

This section can help you demonstrate proficiency in areas not otherwise outlined in your academic or experience sections. Focus on skills relevant to your desired position/career field. Skills might include: languages (note level of fluency), computer skills (list programs and languages you are able to use), or other field specific areas, such as techniques, methods, and tools/instruments used.

Professional Associations

In this section, list name of organization and dates of membership. Note if you are a student member of a professional association/organization.

Involvement

In this section, list Campus, Community, and Volunteer activities that demonstrate involvement in organizations and leadership roles.

References

References are not included on your resume. Create a separate references page, listing at least 3 individuals who can attest to your work ethic, academic performance, skills and abilities. Ask these individuals prior to including them.

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Name _____ Title _____

Organization _____

Address _____

Phone _____ Email (optional) _____

Job Applications

Sometimes a company's policy may require you to fill out an application before being considered for a job. This allows an employer the opportunity to compare you to other applicants. You may be asked to complete a job application on paper or online.

Sample Application for Employment

Random Drug Testing May Be Required for Employment.

Personal Information			
Last Name	First Name	Middle Name	Today's Date
Street Address	City	State	Zip Code
Home Phone: (____) _____ - _____		Are you a United States Citizen or legally eligible to work in the U. S.? ____ Yes ____ No <i>(if hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>	
Work Phone: (____) _____ - _____			
Other: (____) _____ - _____			
Are you 18 or over? ____ Yes ____ No			
Title of Position Applying For			Date Available to Work
Have you been previously interviewed or employed by this Company? ____ Yes ____ No If Yes, list date(s) and job title(s):			
Do you have any relatives currently working for this Company? ____ Yes ____ No If Yes, list names and relationship to you:			
Are you employed now? _____ If so, may we contact your present employer?			

Education				
Name and Location	# Years Completed	Major Area of Study	Degree/Diploma	
High School				
College				
Graduate School				
Technical or Certificate Programs				

Employment History		
Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)		
Employer:	Dates Employed:	Job Title:
	From _____ To _____	

Address:		
Telephone:		Job Duties:
Weekly Pay	Start: Finish:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:		Job Duties:
Weekly Pay	Start: Finish:	
Reason for Leaving:		

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:		Job Duties:
Weekly Pay	Start: Finish:	
Reason for Leaving:		

Describe your qualifications for the type of employment you are seeking: (Please include skills, special training, etc.)

Please list any special awards, honors, scholarships, or offices held.

Have you ever been convicted of a FELONY crime? _____ Yes _____ No
If "YES", please explain crime, sentence and circumstances. _____

References Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

Please indicate whether you hold the any of the following valid driver's licenses:

Class A _____ Class B _____ Class C _____

Driver's License Number: _____ State Issued: _____

Election of Veteran's Preference
<p>Do you wish to claim a veteran's preference? _____ Yes _____ No</p> <p>If so, please check the preference you are claiming.</p> <p>____ Veteran (defined as person separated under honorable conditions who has served on active duty for at least 181 days, or honorably discharged by reason of disability incurred while on active duty).</p> <p>____ Disabled Veteran (a veteran having a compensable service connected disability as adjudicated by the U.S. Veterans Administration or the retirement board of one of the branches of the Armed Forces which disability is currently existing).</p> <p>____ Spouse of deceased veteran.</p> <p>____ Spouse of disabled veteran who is unable to use preference due to disability.</p> <p>Note: If you elect to use veteran's preference, please enclose proper documentation establishing your right to claim the preference.</p> <p>Signature _____ Date _____</p>

The Company is an Equal Opportunity Employer. It is the policy of the Company not to discriminate in employment matters based on race, creed, color, age, marital status, national origin, gender, sexual orientation, or status with regard to public assistance or disability.

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be considered sufficient cause of dismissal. You are hereby authorized to make investigation of my personal references.

Signature of Applicant

Date

Be Prepared

Make sure you come prepared for your interview. What are some things you should bring to the interview?

What are some questions you should expect from the employer?

What are some questions you may ask an employer?

How will you respond if you are asked about any history concerning your incarceration?

CHAPTER 5 - Clothing

You will need to wear appropriate clothing for job hunting and interviewing. You will also need clothing for every day wear. Remember to dress for success whenever you will be out at potential employment-seeking activities, even if it is not an official job search event. You can make an impression with a potential employer at any public or private event you attend! There are

community service and support organizations that may be able to assist with clothing. Find out and list possible options for clothing assistance in your area.

Clothing Provider:

Location: _____

Hours of Operation: _____

Requirements: _____

Clothing Provider:

Location: _____

Hours of Operation: _____

Requirements: _____

Notes on how you plan to Dress for Success:

What are some of the “Do’s” and “Don’ts” when it comes to dressing and personal appearance in job seeking?

DO’s

DONT’s

CHAPTER 6 - Transportation

One very important area for you to consider is your transportation plan. How you get to work, report to your Community Supervision officer, and other important appointments can determine your success as you transition back into the community.

How do you plan to get around for interviews, appointments, work, reporting, etc.? List some transportation options for your area as well as community service providers that may be able to assist with transportation.

Public Transportations: _____

Car Pool: _____

Community Assistance: _____

Medical Shuttle: _____

Taxi Services: _____

Drive: _____

Walk: _____

Bicycle: _____

Other: _____

Additionally, some community service providers that will help with transportation by helping with public transportation (MARTA Cards, etc.), shuttle services (medical)

Chapter 7 – Food

“MAN (NOR WOMAN) CAN LIVE BY BREAD (OR RAMEN NOODLES) ALONE” SO HOW DO YOU PLAN TO NUTRITIONALLY SUPPORT YOURSELF UPON RELEASE?

Many communities have Food Banks/Pantries, Soup Kitchens and other meal assistance programs. You may be eligible for food stamps and should apply for them through your local Department of Family and Children Services (DFACS) offices. Even if you are not eligible for food stamps, your family members might be eligible.

Locate Food Options in your area.

Community Food Pantries: _____

Local Soup Kitchens _____

Local DFACS Office: _____

Chapter 8 – Money Management

<u>Monthly Budget</u>			
Income	Salary	Gross	Net
Job # 1			
Job # 2			
Other Income			
Total Income			
Fixed Expenses	Budgeted	Actual	Difference
Rent/Mortgage			
Home Owner's/ Renter's Insurance			
Property Taxes			
Credit Card Payment Minimum			
Health Insurance Premium			
Telephone cell and landline			
Utilities			
Child Support/ Childcare			
Supervision Fees/Restitution			
Variable Expenses			
Food-Groceries			
Food-Meals Out (not entertainment)			
Toiletries, Household Items			
Clothing			
Medical Expenses			
Entertainment			
Transportation			
Car Payment			
Bus Fares and other public transportation			
Gas			
Repairs and Maintenance			
Auto Insurance Premium			
Parking			
Other			
Savings			
Total Expenses			
Balance			

CHAPTER 9 – Medical/Health

Taking care of your physical health, including the continuation of medication you were taking while incarcerated, is a critical step in reentry. If you are on medication, you will only be given a limited supply of take home meds and you will need to follow up with your private doctor or at one of the publicly funded clinics in your release area as soon as possible. There may be a medication assistance program you can find online or locally, which can assist with paying for some of the medication you currently take.

Medical Problems:

Medication List:

Immunizations:

Clinic:

CHAPTER 10 - Education

Education and Marketable Skills

Continuing your education will help you develop marketable skills. You may also be eligible for student financial aid and/or scholarships.

What are your educational plans upon release? Where will you pursue them?

List GED, College or Vocational Training options available in your area.

Financial Aid:

Scholarships:

School Transcripts:

Immunization Records:

CHAPTER 11 – Selective Service

What is Selective Service Registration?

Registration with the Selective Service System is a civic and legal responsibility for all male U.S. Citizens within 30 days of their 18th birthday. Male, non-citizens living in the US, 18-25 yrs old must register to remain eligible for citizenship. Failure to register can affect your ability to obtain certain services such as: obtaining drivers licenses, federal student aid and federal grants, federal job training, most federal jobs. If you are over 26yrs old and have never registered, you can have your counselor assist you with applying for a Status of Information letter.

If you do not register, there can be a penalty of up to \$250,000 and up to 5 years in prison.

Have you registered for Selective Service? _____

How Do You Register?

1. Registration On-Line (www.sss.gov)
2. The U.S. Post Office
3. Your counselor can help you register during your time in prison.
Talk to them about getting this completed.

Verification: To verify registration status visit www.sss.gov

CHAPTER 12 - Mental Health Services

List your Mental Health Diagnosis and MH Medication currently prescribed:

Where can you seek Mental Health Treatment and Assistance in your community?

Please speak with your mental health counselor about any questions you may have about your release from prison or anything in this section of the manual. He or she can be very helpful in preparing you for release and increasing your opportunity to remain in the community without returning to jail or prison.

CHAPTER 13 - Alcohol, Other Drugs (AOD) and Recovery

Recovery Readiness Checklist

Adapted from www.williamwhitepapers.com/recovery_toolkit
by George Braucht with William White's permission

Name: _____ Date: _____

Write one number, from 1 to 5, for each of following statements according to this scale:

1 = Strongly Agree; 2 = Agree; 3 = I'm Not Sure; 4 = Disagree; 5 = Strongly Disagree

Note: Explain the directions of the exercise to the class

1. I don't think I have an alcohol or drug problem..... _____
2. I might have an alcohol or drug problem, but it isn't that bad yet..... _____
3. I sometimes worry that I could develop a severe alcohol or drug problem in the future.... _____
4. I think about stopping my alcohol or drug use, but I haven't tried to quit yet..... _____
5. I have an alcohol or drug problem but feel like I can handle it on my own..... _____
6. I don't think going to treatment would do me any good..... _____
7. I can't afford to go to treatment. _____
8. I can't take time off work to go to treatment..... _____
9. I think going to treatment would negatively affect my social relationships and my job. ... _____
10. I know people in successful long-term recovery from alcohol and/or drug problems..... _____
11. I have promised myself and others many times that I would cut down or stop my using.. _____
12. I have tried to stop my drinking or drug use many times..... _____
13. I can name three things in my life that would improve if I stopped my AOD use. _____
14. I can name three bad things that might happen to me if I continued my AOD use. _____
15. I have some family and friends who will support me if I try to stop my AOD use. _____
16. I'm surrounded by family members and friends that would make it very hard for me to stop my drinking or other drug use..... _____
17. I currently have a plan to stop my AOD use, but I haven't acted on the plan yet. _____
18. I live in a community with lots of treatment resources that could help me..... _____
19. I lived in a community with a variety of recovery support groups..... _____
20. I live in a community with many recovery support meetings per week. _____

Scoring Instructions

Note: Explain the scoring instructions to the class and allow them time to score the section. Walk around the room and assist during this process.

I. My Question 1 number = _____

My Question 13 number = _____

My Question 14 number = _____

My Total = _____

Number of all questions answered with a “3” (I am not sure) = _____

More than one of all 20 questions answered with a “3” (I’m not sure) or a total score in this section of 4 or more means that I am in the **pre-awareness stage of change**. I should spend some more time evaluating my relationship with alcohol and other drugs and the effects they have had on me and others who I care about.

II. My Question 2 number = _____

My Question 3 number = _____

My Question 4 number = _____

My Question 5 number = _____

My Question 6 number = _____

My Question 7 number = _____

My Question 8 number = _____

My Question 9 number = _____

My Question 13 number = _____

My Question 14 number = _____

My Total = _____

The best total score for these questions is a 10. A higher score means that I am in the **awareness, pre-action stage of change**. It is time that I made some serious decisions about changing the role of alcohol and other drugs in my life.

III. My Question 11 number = _____

My Question 12 number = _____

My Question 17 number = _____

My Total = _____

The best score in this section is a 3. A total score of 3-6 indicates that I am in the **action stage of change**. It is time to move from planning and promising to doing.

IV. My Question 10 number = _____

My Question 16 number = _____

My Question 15 number = _____

My Question 18 number = _____

My Question 19 number = _____

My Question 20 number = _____

My Total (do not include Question 16) = _____

The best score in each column is 5. If my total score is 5-10, I believe that I have **family, social and community support for recovery**. A score of 1, 2 or 3 on Question 16 means that I may need to break contact with those family members and friends who will undermine my recovery efforts.

List local Substance Abuse Resources available in your area: **Note: Use the Resource Guide for this section**

CHAPTER 14 Family Reunification

Just as you had to adjust to life in prison, you will have to adjust to life as you return to the outside world. You cannot expect to feel immediately comfortable at first, but that does not mean it is time to give up. Be patient...with your family and with yourself as you re-integrate into the family, home and community.

Who are some positive people you plan to reconnect with when you get out of prison? Remember, you may need to “change your playmates” and not hang around or associate with some of your past friends/family if they threaten you, your freedom and your treatment.

_____	_____
_____	_____
_____	_____
_____	_____

What and where are some family events you could go with your loved ones as part of your re-integration? Look for events in your area that are free or low cost.

_____	_____
_____	_____
_____	_____
_____	_____

Here are some suggestions that can help:

- Begin by appreciating the small things that others take for granted—such as privacy, being able to come and go as you please, etc.
- Avoid talking about life behind bars as your **only** conversation topic—practice making “small talk” about daily happenings instead. Begin visualizing positive ways to react to possible situations
- Don’t try to catch up on what you have missed; you cannot re-live time lost.
- Be patient—know that you must take small steps toward a new way of living.
- Gradually you will begin to feel more like you belong here rather than there, back in prison.

Parental Accountability

What are/will be your responsibilities as a parent once you release? _____

How do you plan to accomplish them? _____

Do you have Children? Will you need to start providing Child Support (CS) for anyone once you release? Where can you get information and support concerning Child Support?

Child’s Name	Age	Custody Situation	Pay Child Support	Mandated

Social Networking and the Internet

Social Media is a common part of everyday life and people engage in social networking for personal interactions and many other reasons. Many potential employers now require initial applications be made online and having an email account is a critical tool for reentry. Free “Wi-Fi” access is available at many places such as coffee shops, libraries and even McDonald’s!

List some possible email address names you can establish once you are released. Remember, this will be seen by potential employers as well as friends and family and should be an appropriate name/address!

You can create a free email address at: Yahoo Mail (____@yahoo.com), Google Mail (____@gmail.com) and Hotmail (____@hotmail.com)

Which of these social network sites have you heard of and/or used?

Social Network Site	Have you Heard of this Site	Have had/been on Account
FaceBook		

Twitter		
Instagram		
Snapchat		
Tumblr		
Pinterest		
Other		

CHAPTER 16 – Restoration of Rights

A Restoration of Civil and Political Rights is an order restoring a person’s civil rights which are lost in Georgia upon conviction. These include the right to run for and hold public office, to serve on a jury, and to serve as a Notary Public. **The right to vote is automatically restored upon completion of your sentence(s) therefore you need not apply.** You will still need to register to vote to have your name placed on the “voter registration list. Additionally, an approved picture ID (State ID, Driver’s License, Passport, etc.) is required to vote.

Have you ever voted? _____

Where can you go to register to vote? _____

What do you need to have to register to vote and to vote? _____

CHAPTER 17 – Living Under Supervision

What supervision are you under for your release? _____

How long are you under community supervision (# of Years)? _____

Location of your Community Supervision Office: _____

Phone Number: _____

What are some questions and/or issues you should talk to your supervision officer about concerning your release and reentry?

Will you have a fee to pay?

Amount: _____

Other: _____